UNITEI SECURITIES AND EX



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OMB APPROVAL

RECEIVED 2007

FORM D

Washington

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

NIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY								
Prefix		Serial						
	DATE RE	ECEIVED						

Name of Offering ([] check if this is nent and name has changed, and indicate change.) Private Placement of Membership Unit

Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6) [] ULOE

Type of Filing: [X] New Filing [] Amendment

A. BASIC IDENTIFICATION DATA

. Enter the information requested about the issuer							
Name of Issuer ([] check if this is an amendment and name has changed, and indicate change.)							
Buffalo Creek Energy, LLC							
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)						
129 E, 10th Street, New England, ND 58647-7152	(701) 579-4444						
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from	Telephone Number (Including Area Code)						
Executive Offices)							

Brief Description of Business

Organized to construct and operate an ethanol plant

Type of Business Organization [] corporation [] limited partnership, already formed [] business trust [] limited partnership, to be formed

[X] other (please specify): Limited liability company

Actual or Estimated Date of Incorporation or Organization:

Month [0]3]

<u>Year</u> [0|7]

[X] Actual [] Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

MAY 2 2 2007



A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
• Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuer.
Check Box(es) that Apply: [X] Promoter [X] Beneficial Owner [X] Executive Officer [X] Director [] General and/or Managing Partner
Full Name (Last name first, if individual) Giese, Glenn
Business or Residence Address (Number and Street, City, State, Zip Code) 129 E. 10th Street, New England, ND 58647-7152
Check Box(es) that Apply: [X] Promoter [X] Beneficial Owner [X] Executive Officer [X] Director [] General and/or Managing Partner
Full Name (Lest name first, if individual) Pladson, Bill
Business or Residence Address (Number and Street, City, State, Zip Code) 1764 Highway 10, Business Loop E, Dickinson, ND 58601
Check Box(es) that Apply: [X] Promoter [X] Beneficial Owner [] Executive Officer [X] Director [] General and/or Managing Partner
Full Name (Last name first, if individual) Schauer, Ronald
Business or Residence Address (Number and Street, City, State, Zip Code) 7206 103 rd Avenue SW, Regent, ND 58650
Check Box(es) that Apply: [X] Promoter [X] Beneficial Owner [] Executive Officer [X] Director [] General and/or Managing Partner
Full Name (Last name first, if individual) Schauer, Russell
Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 97, Regent, ND 58650
Check Box(es) that Apply: [X] Promoter [X] Beneficial Owner [] Executive Officer [X] Director [] General and/or Managing Partner
Full Name (Last name first, if individual) Howe, Dorwin
Business or Residence Address (Number and Street, City, State, Zip Code) 505 2 Avenue SW, Hettinger, ND 58639
Check Box(es) that Apply: [X] Promoter [X] Beneficial Owner [X] Executive Officer [X] Director [] General and/or Managing Partner
Full Name (Last name first, if individual) Kudrna, Robert R.
Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 811, Hettinger, ND 58639
Check Box(es) that Apply: [X] Promoter [X] Beneficial Owner [] Executive Officer [X] Director [] General and/or Managing Partner
Full Name (Last name first, if individual) Eaton, Jonathon
Business or Residence Address (Number and Street, City, State, Zip Code) 201 Highway 22 NW, Reeder, ND 58649

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Check Box(es) that Apply:	[X] Promoter	[X] Beneficial Owner	[] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, if i Lambourn, Donald	ndiviđual)				
Business or Residence Address 9402 138 th Avenue SW, Scran		eet, City, State, Zip Code	e)		
Check Box(es) that Apply:	[X] Promoter	[X] Beneficial Owner	[] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, if i Syrnanowski, Kevin	ndividual)	-			

Business or Residence Address (Number and Street, City, State, Zip Code) 1206 18th Street NW, Reeder, ND 58649

		-			B. INF	ORMAT	ION ABO	UT OFFI	ERING					
1. Ha	s the issuer sold	, or does the	e issuer inter	nd to sell, to	non-accred	lited investo	ors in this of	fering?				••••		Yes No [] [X]
				,	Answer also	in Append	ix, Column	2, if filing u	ınder ULOF	Ē.				
2. W	hat is the minim	um investm	ent that will	be accepted	l from any i	ndividual?.				•••••			\$no	
3. Do	es the offering p	oermit joint	ownership o	of a single u	nit?	••••••••••	•••••••	*************		••••••	•••••••		*	Yes No .[X] []
sol reg	ter the informaticitation of purc sistered with the such a broker or	hasers in co SEC and/or	nnection wir with a state	th sales of s or states, li	ecurities in st the name	the offering of the brok	g. If a perso er or dealer	n to be liste . If more th	d is an asso	ciated perso	n or agent o	f a broker o	r dealer	
Full N	ame (Last name	first, if indi	vidual)											
Busine	ss or Residence	Address (N	lumber and	Street, City,	State, Zip	Code)								
Name	of Associated B	roker or De	aler											
States (CI	in Which Person heck "All States	Listed Has " or check in	s Solicited o ndividual St	r Intends to ates)	Solicit Purc	hasers							[]	All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] {ME} [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full N	ame (Last name	first, if indi	vidual)											
Busine	ss or Residence	Address (N	lumber and	Street, City,	State, Zip	Code)								
Name	of Associated B	roker or De	aler											
States (Cl	in Which Person heck "All States	n Listed Has " or check in	s Solicited o ndividual St	r Intends to ates)	Solicit Pur	chasers							[]	All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	(AZ) (IA) (NV) (SD)	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full N	ame (Last name	first, if indi	vidual)					· · · · · · · · · · · · · · · · · · ·						
Busine	ss or Residence	Address (N	lumber and	Street, City,	State, Zip	Code)								
Name	of Associated B	roker or De	aler		······································				'					
	in Which Person heck "All States												[]	All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE) [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Offering Type of Security Already Price Sold ____ \$ Debt Equity \$ [] Common [] Preferred \$ Convertible Securities (including warrants) Partnership Interests) 2,000,000 400,000 Other (Specify Membership Units \$ Total 2,000.000 \$ 400,000 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" ог "zeго." Aggregate Number Dollar Amount Investors of Purchases \$400,000 Accredited Investors Non-accredited Investors \$ Total (for filings under Rule 504 only) \$ Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Dollar Amount Type of Type of Offering Security Sold Rule 505 \$ \$ ____ Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees [] Printing and Engraving Costs [] Legal Fees 5,000 Accounting Fees [] _____ Engineering Fees [] Sales Commissions (Specify finders' fees separately) [] printing and Other Expenses (identify) miscellaneous 5,000 [X]

[X]

10,000

Total

	C. OFFERING PRICE, NUMBER OF INV	ESTORS, EXPENSES AN	D USE O	F PRO	CEEDS			
	 						:	\$ <u>1,990,000</u>
I	indicate below the amount of the adjusted gross proceeds to the issuer used the amount for any purpose is not known, furnish an estimate and checayment; listed must equal the adjusted gross proceeds to the issuer set forth	k the box to the left of the est	imate. The					
					Payments to Officers, Directors & Affiliates			Payments to Others
	Salaries and fees		[]	s	Ailmates	[]	\$_	
	Purchase of real estate		[]	\$		[]	\$_	
	Purchase, rental or leasing and installation of machinery and equipment		[]	\$		[]	\$_	
	Construction or leasing of plant buildings and facilities		[]	s		[]	\$_	
	Acquisition of other businesses (including the value of securities involved in exchange for the assets or securities of another issuer pursuant to			s		[]	\$_	
	Repayment of indebtedness		[]	\$		[]	\$	
	Working capital		[]	s		[X]	\$_	1,990,000
	Other (specify):							
				s		[]	\$_	
	Column Totals		[]	s		[X]	\$	1,990,000
	Total Payments Listed (column totals added)			[X]	\$ _1,990,000			
	D. FEDER	AL SIGNATURE						· · · · · · · · · · · · · · · · · · ·
undert	puer has duly caused this notice to be signed by the undersigned duly authoricating by the issuer to furnish to the U.S. Securities and Exchange Commission credited investor pursuant to paragraph (b)(2) of Rule 502.							
	Print or Type) Signal	lem Diece		Date 4	-27-07			
	of Signer (Print or Type)	i Signer (Print or Type)		•				
	AT	FENTION						
	Intentional misstatements or omissions of fact cor	stitute federal criminal vic	olations. (See 18	U.S.C. 1001.)			

	E. STATE SIGNATURE		
1. Is a	iny party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such	Yes	No
rule?		[]	[X]
	See Appendix, Column 5, for state response.		
3 TH	and an invalidation of the control o	aa ia 61a.	1

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issue	(Print or Type)	Signature	Date
Bı	iffalo Creek Energy, LLC	Glenn Greie	4-27-07
Nam	e of Signer (Print or Type)	Title (Print or Type)	
G	lenn Giese	President	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	á	2		***************************************						
	Inter Se to re acci inve s Sta (Pai	ell redit d estor in ate rt B-		3 Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of ir amount purc (Part C	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No			Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL					0	0	0	0		
AK			<u> </u>		0	0	0	0		
AZ			<u> </u>		0	0	0	0		
AR					0	0	0	0		
CA	İ				0	0	0	0		
СО				· · · · · · · · · · · · · · · · · · ·	0	0	0	0		
СТ			į		0	0	0	0		
DE			<u> </u>		0	0	0	0		
DC					0	0	0	0		
FL					0	0	0	0		
GA					0	0	0	0		
HI					0	0	0	0		
ID					0	0	0	0		
IL					0	0	0	0		
IN	1				0	0	0	0		
IA					0	0	0	0		
KS	[0	0	0	0		
KY					0	0	0	0		
LA					0	0	0	0		
ME					0	0	0	0		
MD	ļ				0	0	0	0		
MA					0	0	0	0		
МІ					0	0	0	0		
MN					0	0	0	0		
MS					0	0	0	0		
МО					0	0	0	0		
MT					0	0	0	0		
			***********				-, . ,			

1 .		2									
'	4	2									
	Intend to 3 4								5 Disqualification		
	e inve	redit d	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount purc	nvestor and hased in State C-Item 2)		under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
	Sta (Pai Iten	rt B-	, ,		·	·			,		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
NE				0	0	0	0				
NV		<u> </u>		0	0	0	0	Ì			
NH				0	0	0	0				
NJ				0	0	0	0				
NM				0	0	0	0				
NY			· · · · · · · · · · · · · · · · · · ·	0	0	0	0				
NC				0	0	0	0				
ND		X	\$2,000,000 of Class A MembershipUnits	9	\$400,000	0	0		X		
ОН				0	0	0	0				
ок				e	0	0	0				
OR				0	0	0	0				
PA				0	0	0	0				
RI				0	0	0	0				
SC				0	0	0	0				
SD				0	0	0	0				
TN				0	0	0	0				
TX				0	0	0	0				
UΤ				0	0	0	0				
VΤ				0	0	0	0				
VA				0	0	0	0				
WA				0	0	0	0				
w				0	0	0	0				
WI	j			0	0	0	0				
WY				0	0	0	0				
PR				0	0	0	0				
			TOTALS	9	\$400,000.00	0	0				

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION